

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020044
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 131

FILED MAY 23 1962

1. PLACE OF DEATH

a. COUNTY St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Charles

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1821 W. Adams

Length of stay in lb

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Charles

c. CITY OR TOWN St. Charles Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1821 W. Adams Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Russell Le Doux

4. DATE OF DEATH
Month Day Year
May 15, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-23-1912 49

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
5 23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrical Engineer

10b. KIND OF BUSINESS OR INDUSTRY

Aircraft

11. BIRTHPLACE (City and state or country)

Chisholm, Minn.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Benjamin LeDoux

13b. MOTHER'S MAIDEN NAME

Edna Kritz

14. NAME OF HUSBAND OR WIFE

Geraldine LeDoux

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Geraldine LeDoux, Same

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Myocardial Infarction
Anterior left Coronary Artery Disease

INTERVAL BETWEEN
ONSET AND DEATH

5 minutes

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from September 1959 to May 1962 and last saw him alive on May 3, 1962.
Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Don R. Randall, M.D.

(Degree or title)

22b. ADDRESS

220 S. 6th St. Charles, Mo.

22c. DATE SIGNED

May 17, 1962
(State)

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 18, 1962

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

St. Charles, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Arthur C. Baue, St. Charles, Mo.

25. DATE RECD. BY LOCAL REG.

5/18/62

26. REGISTRAR'S SIGNATURE

Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

David C. Bane

Licensed Embalmer No. 5060

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.